

Letter #5

Notice of Appeal Resolution *(On Regional Contractor letterhead)*

If you have trouble reading this notice because the letters are too small or the words are hard to read, please call our office at XXX-XXX-XXXX and someone will assist you.

Si usted tiene dificultades leyendo este aviso porque las letras son demasiado pequeñas o las palabras son muy difícil para leer, favor de llamarnos al xxxxxx y alguien le asistirá.

XXX-XXX-XXXX or (800) XXX-XXXX

DATE

(Name of person filing the grievance

Address

City, State, Zip)

RE: *(CRS Member # & AHCCCS # if applicable)*

Dear *(Name)*:

We received your letter of *(Date)*, asking that we look again at our decision to _____. *(repeat decision in layperson terms)*

We have looked at the decision again. We have decided *(that the first decision was right/ or/ to change our decision to [describe decision in lay person's language]_____*. We have made this decision based on *(Please include the legal citations or authorities supporting the determination.)*

If you do not agree with our decision you can tell us you want a State Fair Hearing. You must ask for the hearing in writing within 30 days from the day you receive this Notice of Appeal Resolution. If we do not hear from you by then, our decision will be final.

If you are now getting a service that is being cut back or stopped, you have the right to ask that this service be continued during the time it takes to receive a decision from the State Hearing. You must ask for the State Fair Hearing and services to continue within ten calendar days from date of this letter. If the decision does not support your request, you may have to pay for the services in question.

If you have questions, you may call XXXX at (XXX) XXX-XXXX.

Sincerely,

Name and credentials

Title